

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number              | Field Name                        | Mandatory or Optional | Field Definition  | Field Format | Definition/Format  |
|---------------------------|-----------------------------------|-----------------------|---|--------------|--|
| <b>Transaction Header</b> |                                   |                       |   |              |  |
| 101-A1                    | BIN NUMBER                        | M                     | Card Issuer ID or Bank ID Number use  | 9(6)         | BIN Number   |
| 102-A2                    | VERSION/RELEASE NUMBER            | M                     | Code uniquely identifying the transmission syntax and corresponding Data Dictionary.        | x(2)         | 51   |
| 103-A3                    | TRANSACTION CODE                  | M                     | Code identifying the type of transaction.   | x(2)         | B1 = Billing<br>B2 = Reversal<br>B3 = Rebill                                 |
| 104-A4                    | PROCESSOR CONTROL NUMBER          | M                     | Number assigned by the processor.   | x(10)        | Process Control number   |
| 109-A9                    | TRANSACTION COUNT                 | M                     | Count of transactions in the transmission.  | x(1)         | "Line Count for this claim"  |
| 202-B2                    | SERVICE PROVIDER ID QUALIFIER     | M                     | Code qualifying the 'Service Provider ID' (201-B1).   | x(2)         | 05 = Medicaid ID   |
| 201-B1                    | SERVICE PROVIDER ID               | M                     | ID assigned to a pharmacy or provider.  | x(15)        | Provider Id/Pharmacy Number<br><br>AHCCCS Id and Location Number<br>NNNNNNLL |
| 401-D1                    | DATE OF SERVICE                   | M                     | Identifies date the prescription was filled or professional service rendered.               | 9(8)         | Dispense Date / Date of Service  |
| 110-AK                    | SOFTWARE VENDOR/ CERTIFICATION ID | M                     | ID assigned by the switch or processor to identify the software source.                     | x(10)        | Software Vendor Certification ID of the PBM                                  |
| <b>Patient Segment</b>    |                                   |                       |   |              |  |
| 111-AM                    | SEGMENT IDENTIFICATION            | M                     | Identifies the segment in the request and/or response.                                      | x(2)         | 01=Patient   |
| 331-CX                    | PATIENT ID QUALIFIER              | O                     | Code qualifying the 'Patient ID' (332-CY).  | x(2)         | 99 = Other   |
| 332-CY                    | PATIENT ID                        | O                     | ID assigned to the patient.   | x(20)        |  |
| 304-C4                    | DATE OF BIRTH                     | O                     | Date of birth of patient.   | 9(8)         | Recipient Date of Birth  |
| 305-C5                    | PATIENT GENDER CODE               | O                     | Code indicating the gender of the individual.   | 9(1)         | Recipient Gender.<br>1 = Male<br>2 = Female                                  |
| 310-CA                    | PATIENT FIRST NAME                | O                     | Individual first name.  | x(12)        |  |
| 311-CB                    | PATIENT LAST NAME                 | O                     | Individual last name.   | x(15)        |  |
| 322-CM                    | PATIENT STREET ADDRESS            | O                     | Free-form text for address information.   | x(30)        |  |
| 323-CN                    | PATIENT CITY ADDRESS              | O                     | Free-form text for city name.   | x(20)        |  |
| 324-CO                    | PATIENT STATE / PROVINCE ADDRESS  | O                     | Standard State/Province Code as defined by appropriate government agency.                   | x(2)         |  |
| 325-CP                    | PATIENT ZIP/POSTAL ZONE           | O                     | Code defining international postal zone excluding punctuation and blanks (zip code for US). | x(15)        |  |
| 326-CQ                    | PATIENT PHONE NUMBER              | O                     | Ten digit phone number of patient.  | 9(10)        |  |

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number             | Field Name                                      | Mandatory or Optional | Field Definition  | Field Format | Definition/Format  |
|--------------------------|---|-----------------------|---|--------------|--|
| 307-C7                   | PATIENT LOCATION                                | O                     | Code identifying the location of the patient when receiving pharmacy services.  | 9(2)         | Required if known.<br><br>Ø=Not Specified<br>1=Home<br>2=Inter-Care<br>3=Nursing Home<br>4=Long Term/Extended Care<br>5=Rest Home<br>6=Boarding Home<br>7=Skilled Care Facility<br>8=Sub-Acute Care Facility<br>9=Acute Care Facility<br>1Ø=Outpatient<br>11=Hospice |
| 333-CZ                   | EMPLOYER ID                                     | O                     | ID assigned to employer.  | x(15)        |  |
| 334-1C                   | SMOKER / NON-SMOKER CODE                        | O                     | Code indicating the patient as a smoker or non-smoker.  | x(1)         |  |
| 335-2C                   | PREGNANCY INDICATOR                             | O                     | Code indicating the patient as pregnant or non-pregnant.  | x(1)         | Required if known.<br><br>Blank=Not Specified<br>1=Not pregnant<br>2=Pregnant  |
| <b>Insurance Segment</b> |   |                       |   |              |  |
| 111-AM                   | SEGMENT IDENTIFICATION                          | M                     | Identifies the segment in the request and/or response.  | x(2)         | Ø4=Insurance   |
| 302-C2                   | CARDHOLDER ID                                   | M                     | Insurance ID assigned to the cardholder.  | x(20)        | AHCCCS ID,<br>Left justify   |
| 312-CC                   | CARDHOLDER FIRST NAME                           | O                     | Individual first name.  | x(12)        | Recipient First Name   |
| 313-CD                   | CARDHOLDER LAST NAME                            | O                     | Individual last name.   | x(15)        | Recipient Last Name  |
| 314-CE                   | HOME PLAN                                       | O                     | Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage. | x(3)         |  |
| 524-FO                   | PLAN ID   | O                     | Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.  | x(8)         |  |
| 309-C9                   | ELIGIBILITY CLARIFICATION CODE                  | O                     | Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.  | 9(1)         |  |
| 336-8C                   | FACILITY ID                                     | O                     | ID assigned to the patient's clinic/host party.   | x(10)        |  |
| 301-C1                   | GROUP ID  | O                     | ID assigned to the cardholder group or employer group.  | x(15)        |  |
| 303-C3                   | PERSON CODE                                     | O                     | Code assigned to a specific person within a family.   | x(3)         |  |
| 306-C6                   | PATIENT RELATIONSHIP CODE                       | O                     | Code indicating relationship of patient to cardholder.  | 9(1)         |  |
| <b>Claim Segment</b>     |   |                       |   |              |  |
| 111-AM                   | SEGMENT IDENTIFICATION                          | M                     | Identifies the segment in the request and/or response.  | x(2)         | Ø7=Claim   |
| 455-EM                   | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | M                     | Indicates the type of billing submitted.  | x(1)         | 1=Rx Billing   |

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number | Field Name                                       | Mandatory or Optional | Field Definition   | Field Format | Definition/Format  |
|--------------|--|-----------------------|--|--------------|--|
| 402-D2       | PRESCRIPTION/SERVICE REFERENCE NUMBER            | M                     | Reference number assigned by the provider for the dispensed drug/product and/or service provided.          | 9(7)         | RX Number, aka Patient Account Number  |
| 436-E1       | PRODUCT/SERVICE ID QUALIFIER                     | M                     | Code qualifying the value in 'Product/Service ID' (407-D7).  | x(2)         |  |
| 407-D7       | PRODUCT/SERVICE ID                               | M                     | ID of the product dispensed or service provided.   | x(19)        | If 407-D7 is 03-NDC<br>NDC Code format is:<br>Format=MMMMMDDDDPP<br><br>MMMMM=Manufacturer's Assigned Number<br>DDDD=Drug ID<br>PP=Package Size  |
| 456-EN       | ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #     | O                     | Related 'Prescription/Service Reference Number' (402-D2) to which the service is associated.               | 9(7)         |  |
| 457-EP       | ASSOCIATED PRESCRIPTION/SERVICE DATE             | O                     | Date of the Associated Prescription/Service Reference Number.  | 9(8)         |  |
| 458-SE       | PROCEDURE MODIFIER CODE COUNT                    | O                     | Count of the 'Procedure Modifier Code' (459-ER) occurrences.   | 9(1)         |  |
| 459-ER       | PROCEDURE MODIFIER CODE                          | O***R***              | Identifies special circumstances related to the performance of the service.                                | x(2)         | If sent, will be stored.   |
| 442-E7       | QUANTITY DISPENSED                               | O                     | Quantity dispensed expressed in metric decimal units.  | 9(7)v999     | Quantity   |
| 403-D3       | FILL NUMBER                                      | O                     | The code indicating whether the prescription is an original or a refill.                                   | 9(2)         | Fill Number<br><br>0=Original dispensing<br>1 to 99 = Refill number  |
| 405-D5       | DAYS SUPPLY                                      | O                     | Estimated number of days the prescription will last.   | 9(3)         | Days Supply  |
| 406-D6       | COMPOUND CODE                                    | O                     | Code indicating whether or not the prescription is a compound.   | 9(1)         | 0=Not Specified<br>1=Not a Compound<br>2=Compound  |
| 408-D8       | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | O                     | Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. | x(1)         | 0=No Product Selection Indicated<br>1=Substitution Not Allowed by Prescriber<br>2=Substitution Allowed-Patient Requested Product Dispensed<br>3=Substitution Allowed-Pharmacist Selected Product Dispensed<br>4=Substitution Allowed-Generic Drug Not in Stock<br>5=Substitution Allowed-Brand Drug Dispensed as a Generic<br>6=Override<br>7=Substitution Not Allowed-Brand Drug Mandated by Law<br>8=Substitution Allowed-Generic Drug Not Available in Marketplace<br>9=Other |
| 414-DE       | DATE PRESCRIPTION WRITTEN                        | O                     | Date prescription was written.   | 9(8)         | Format=CCYYMMDD  |
| 415-DF       | NUMBER OF REFILLS AUTHORIZED                     | O                     | Number of refills authorized by the prescriber.  | 9(2)         | Number of refills authorized   |

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number | Field Name                                   | Mandatory or Optional | Field Definition  | Field Format | Definition/Format   |
|--------------|--|-----------------------|---|--------------|---|
| 419-DJ       | PRESCRIPTION ORIGIN CODE                     | O                     | Code indicating the origin of the prescription.   | 9(1)         |   |
| 420-DK       | SUBMISSION CLARIFICATION CODE                | O                     | Code indicating that the pharmacist is clarifying the submission.   | 9(2)         |   |
| 460-ET       | QUANTITY PRESCRIBED                          | O                     | Amount expressed in metric decimal units.   | 9(7)v999     |   |
| 308-C8       | OTHER COVERAGE CODE                          | O                     | Code indicating whether or not the patient has other insurance coverage.  | 9(2)         | Required if known.<br><br>00=Not Specified<br>01=No other coverage<br>02=Other coverage exists-payment collected<br>03=Other coverage exists- claim not covered<br>04=Other coverage exists-payment not collected<br>05=Managed care plan denial<br>06=Other coverage denied-not participating provider<br>07=Other coverage exists-not in effect on DOS<br>08=Claim is billing for copay |
| 429-DT       | UNIT DOSE INDICATOR                          | O                     | Code indicating the type of unit dose dispensing.   | 9(1)         |   |
| 453-EJ       | ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | O                     | Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).   | x(2)         |   |
| 445-EA       | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE   | O                     | Code of the initially prescribed product or service.  | x(19)        |   |
| 446-EB       | ORIGINALLY PRESCRIBED QUANTITY               | O                     | Product initially prescribed amount expressed in metric decimal units.  | 9(7)v999     |   |
| 330-CW       | ALTERNATE ID                                 | O                     | Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body. | x(20)        | Health Plan Claim Number  |
| 454-EK       | SCHEDULED PRESCRIPTION ID                    | O                     | The serial number of the prescription blank/form.   | x(12)        |   |
| 600-28       | UNIT OF MEASURE                              | O                     | NCPDP standard product billing codes.   | x(2)         | EA=Each<br>GM=Grams<br>ML=Milliliters   |
| 418-DI       | LEVEL OF SERVICE                             | O                     | Coding indicating the type of service the provider rendered.  | 9(2)         |   |
| 461-EU       | PRIOR AUTHORIZATION TYPE CODE                | O                     | Code clarifying the 'Prior Authorization Number' (462-EV).  | 9(2)         |   |
| 462-EV       | PRIOR AUTHORIZATION NUMBER SUBMITTED         | O                     | Number submitted by the provider to identify the prior authorization.   | 9(11)        |   |
| 463-EW       | INTERMEDIARY AUTHORIZATION TYPE ID           | O                     | Value indicating that authorization occurred for intermediary processing.   | 9(2)         |   |
| 464-EX       | INTERMEDIARY AUTHORIZATION ID                | O                     | Value indicating intermediary authorization occurred.   | x(11)        |   |

**NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls**

| Field Number                      | Field Name                           | Mandatory or Optional | Field Definition   | Field Format | Definition/Format                          |
|-----------------------------------|--------------------------------------|-----------------------|--|--------------|--|
| 343-HD                            | DISPENSING STATUS                    | O                     | Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.          | x(1)         |  |
| 344-HF                            | QUANTITY INTENDED TO BE DISPENSED    | O                     | Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).                    | 9(7)V999     |  |
| 345-HG                            | DAYS SUPPLY INTENDED TO BE DISPENSED | O                     | Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD). | 9(3)         |  |
| <b>Pharmacy Provider Segment</b>  |                                      |                       |  |              |  |
| 111-AM                            | SEGMENT IDENTIFICATION               | M                     | Identifies the segment in the request and/or response.   | x(2)         | Ø2=Pharmacy Provider                       |
| 465-EY                            | PROVIDER ID QUALIFIER                | O                     | Code qualifying the 'Provider ID' (444-E9).  | x(2)         |  |
| 444-E9                            | PROVIDER ID                          | O                     | Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.   | x(15)        |  |
| <b>Prescriber Segment</b>         |                                      |                       |  |              |  |
| 111-AM                            | SEGMENT IDENTIFICATION               | M                     | Identifies the segment in the request and/or response.   | x(2)         | Ø3=Prescriber                              |
| 466-EZ                            | PRESCRIBER ID QUALIFIER              | O                     | Code qualifying the 'Prescriber ID' (411-DB).  | x(2)         | Ø5=Medicaid                                |
| 411-DB                            | PRESCRIBER ID                        | O                     | ID assigned to the prescriber.   | x(15)        | AHCCCS ID [6] and Location Code [2]        |
| 467-1E                            | PRESCRIBER LOCATION CODE             | O                     | Location address code assigned to the prescriber as identified in the National Provider System (NPS).  | x(3)         |  |
| 427-DR                            | PRESCRIBER LAST NAME                 | O                     | Individual last name.  | x(15)        |  |
| 498-PM                            | PRESCRIBER PHONE NUMBER              | O                     | Ten digit phone number of the prescriber.  | 9(10)        |  |
| 468-2E                            | PRIMARY CARE PROVIDER ID QUALIFIER   | O                     | Code qualifying the 'Primary Care Provider ID' (421-DL).   | x(2)         |  |
| 421-DL                            | PRIMARY CARE PROVIDER ID             | O                     | ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.  | x(15)        |  |
| 469-H5                            | PRIMARY CARE PROVIDER LOCATION CODE  | O                     | Location address code assigned to the primary care provider as identified in the National Provider System (NPS).   | x(3)         |  |
| 47Ø-4E                            | PRIMARY CARE PROVIDER LAST NAME      | O                     | Individual last name.  | x(15)        |  |
| <b>COB/Other Payments Segment</b> |                                      |                       |  |              |  |
| 111-AM                            | SEGMENT IDENTIFICATION               | M                     | Identifies the segment in the request and/or response.   | x(2)         | Ø5=Coordination of Benefits/Other Payments |

**NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls**

| <b>Field Number</b>                  | <b>Field Name</b>                             | <b>Mandatory or Optional</b> | <b>Field Definition</b>  | <b>Field Format</b> | <b>Definition/Format</b>   |
|--------------------------------------|---|------------------------------|--|---------------------|--|
| 337-4C                               | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | M                            | Count of other payment occurrences.  | 9(1)                | Number of Other Coverages  |
| 338-5C                               | OTHER PAYER COVERAGE TYPE                     | M***R***                     | Code identifying the type of 'Other Payer ID' (340-7C).  | x(2)                | Blank=Not Specified<br>Ø1=Primary<br>Ø2=Secondary<br>Ø3=Tertiary<br>98=Coupon<br>99=Composite  |
| 339-6C                               | OTHER PAYER ID QUALIFIER                      | O***R***                     | Code qualifying the 'Other Payer ID' (340-7C).   | x(2)                | Blank=Not Specified<br>Ø1=National Payer ID<br>Ø2=Health Industry Number (HIN)<br>Ø3=Bank Information Number (BIN)<br>Ø4=National Association of Insurance Commissioners (NAIC)<br>Ø9=Coupon<br>99=Other<br><br>99 - when payer is Health Plan   |
| 340-7C                               | OTHER PAYER ID                                | O***R***                     | ID assigned to the payer.  | x(10)               | To report the Health Plan ID, 339-6C = 99 and this field is the AHCCCS Health Plan ID [6] and TSN [3]<br>OR<br>The Other Payer Id  |
| 443-E8                               | OTHER PAYER DATE                              | O***R***                     | Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits. | 9(8)                | Format=CCYYMMDD  |
| 341-HB                               | OTHER PAYER AMOUNT PAID COUNT                 | O                            | Count of the payer amount paid occurrences.  | 9(1)                | Other Payer amount paid occurrences  |
| 342-HC                               | OTHER PAYER AMOUNT PAID QUALIFIER             | O***R***                     | Code qualifying the 'Other Payer Amount Paid' (431-DV).  | x(2)                | Ø1=Delivery<br>Ø2=Shipping<br>Ø3=Postage<br>Ø4=Administrative ( <b>Dispensing Fee</b> )<br>Ø5=Incentive<br>Ø6=Cognitive Service<br>Ø7=Allowed Amount ( <b>Ingredient Cost</b> )<br>Ø8=Amount Paid ( <b>Paid Amount</b> )<br>98=Coupon<br>99=Other<br><br>1st occurrence = Deductible<br>2nd occurrence = CoInsurance<br>3rd occurrence = CoPay |
| 431-DV                               | OTHER PAYER AMOUNT PAID                       | O***R***                     | Amount of any payment known by the pharmacy from other sources (including coupons).                  | s9(6)v99            | Amount of the other payment  |
| 471-5E                               | OTHER PAYER REJECT COUNT                      | O                            | Count of 'Other Payer Reject Code' (472-6E) occurrences.   | 9(2)                |  |
| 472-6E                               | OTHER PAYER REJECT CODE                       | O***R***                     | The error encountered by the previous Other Payer in 'Reject Code' (511-FB).                         | x(3)                |  |
| <b>Workers' Compensation Segment</b> |   |                              |  |                     |  |
| 111-AM                               | SEGMENT IDENTIFICATION                        | M                            | Identifies the segment in the request and/or response.   | x(2)                | Ø6=Worker's Compensation   |
| 434-DY                               | DATE OF INJURY                                | M                            | Date on which the injury occurred.   | 9(8)                |  |
| 315-CF                               | EMPLOYER NAME                                 | O                            | Complete name of employer.   | x(30)               |  |

**NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls**

| <b>Field Number</b>    | <b>Field Name</b>               | <b>Mandatory or Optional</b> | <b>Field Definition</b>   | <b>Field Format</b> | <b>Definition/Format</b>              |
|------------------------|---------------------------------|------------------------------|---|---------------------|---------------------------------------|
| 316-CG                 | EMPLOYER STREET ADDRESS         | O                            | Free-form text for address information.   | x(30)               |                                       |
| 317-CH                 | EMPLOYER CITY ADDRESS           | O                            | Free-form text for city name.   | x(20)               |                                       |
| 318-CI                 | EMPLOYER STATE/PROVINCE ADDRESS | O                            | Standard State/Province Code as defined by appropriate government agency.   | x(2)                |                                       |
| 319-CJ                 | EMPLOYER ZIP/POSTAL ZONE        | O                            | Code defining international postal zone excluding punctuation and blanks (zip code for US).   | x(15)               |                                       |
| 320-CK                 | EMPLOYER PHONE NUMBER           | O                            | Ten digit phone number of employer.   | 9(10)               |                                       |
| 321-CL                 | EMPLOYER CONTACT NAME           | O                            | Employer primary contact.   | x(30)               |                                       |
| 327-CR                 | CARRIER ID                      | O                            | Carrier code assigned in Worker's Compensation Program.   | x(10)               |                                       |
| 435-DZ                 | CLAIM/REFERENCE ID              | O                            | Identifies the claim number assigned by Worker's Compensation Program.  | x(30)               |                                       |
| <b>DUR/PPS Segment</b> |                                 |                              |   |                     |                                       |
| 111-AM                 | SEGMENT IDENTIFICATION          | M                            | Identifies the segment in the request and/or response.  | x(2)                | 08=DUR/PPS                            |
| 473-7E                 | DUR/PPS CODE COUNTER            | O***R***                     | Counter number for each DUR/PPS set/logical grouping.   | 9(1)                |                                       |
| 439-E4                 | REASON FOR SERVICE CODE         | O***R***                     | Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.   | x(2)                |                                       |
| 440-E5                 | PROFESSIONAL SERVICE CODE       | O***R***                     | Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.   | x(2)                |                                       |
| 441-E6                 | RESULT OF SERVICE CODE          | O***R***                     | Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.  | x(2)                |                                       |
| 474-8E                 | DUR/PPS LEVEL OF EFFORT         | O***R***                     | Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.     | 9(2)                |                                       |
| 475-J9                 | DUR CO-AGENT ID QUALIFIER       | O***R***                     | Code qualifying the value in 'DUR Co-Agent ID' (476-H6).  | x(2)                |                                       |
| 476-H6                 | DUR CO-AGENT ID                 | O***R***                     | Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service). | x(19)               |                                       |
| <b>Pricing Segment</b> |                                 |                              |   |                     |                                       |
| 111-AM                 | SEGMENT IDENTIFICATION          | M                            | Identifies the segment in the request and/or response.  | x(2)                | 11=Pricing                            |
| 409-D9                 | INGREDIENT COST SUBMITTED       | O                            | Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).   | s9(6)v99            | Ingredient Cost Submitted by Pharmacy |

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number          | Field Name                               | Mandatory or Optional | Field Definition   | Field Format | Definition/Format  |
|-----------------------|--|-----------------------|--|--------------|--|
| 412-DC                | DISPENSING FEE SUBMITTED                 | O                     | Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).  | s9(6)v99     | Dispensing Fee Submitted by Pharmacy   |
| 477-BE                | PROFESSIONAL SERVICE FEE SUBMITTED       | O                     | Amount submitted by the provider for professional services rendered.   | s9(6)v99     |  |
| 433-DX                | PATIENT PAID AMOUNT SUBMITTED            | O                     | Amount the pharmacy received from the patient for the prescription dispensed.  | s9(6)v99     | Amount the pharmacy actually collected from the recipient/patient/person picking up the medication |
| 438-E3                | INCENTIVE AMOUNT SUBMITTED               | O                     | Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (430-DU).  | s9(6)v99     |  |
| 478-H7                | OTHER AMOUNT CLAIMED SUBMITTED COUNT     | O                     | Count of other amount claimed submitted occurrences.   | 9(1)         |  |
| 479-H8                | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | O***R***              | Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (480-H9).  | x(2)         |  |
| 480-H9                | OTHER AMOUNT CLAIMED SUBMITTED           | O***R***              | Amount representing the additional incurred costs for a dispensed prescription or service.   | s9(6)v99     |  |
| 481-HA                | FLAT SALES TAX AMOUNT SUBMITTED          | O                     | Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (430-DU).   | s9(6)v99     |  |
| 482-GE                | PERCENTAGE SALES TAX AMOUNT SUBMITTED    | O                     | Percentage sales tax submitted.  | s9(6)v99     |  |
| 483-HE                | PERCENTAGE SALES TAX RATE SUBMITTED      | O                     | Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).  | s9(3)v4      |  |
| 484-JE                | PERCENTAGE SALES TAX BASIS SUBMITTED     | O                     | Code indicating the basis for percentage sales tax.  | x(2)         |  |
| 426-DQ                | USUAL AND CUSTOMARY CHARGE               | O                     | Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.  | s9(6)v99     |  |
| 430-DU                | GROSS AMOUNT DUE                         | O                     | Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted' (481-HA), 'Percentage Sales Tax Amount Submitted' | s9(6)v99     | Billed Amount  |
| 423-DN                | BASIS OF COST DETERMINATION              | O                     | Code indicating the method by which 'Ingredient Cost Submitted' (Field 409-D9) was calculated.   | x(2)         |  |
| <b>Coupon Segment</b> |  |                       |  |              |  |
| 111-AM                | SEGMENT IDENTIFICATION                   | M                     | Identifies the segment in the request and/or response.   | x(2)         | 09=Coupon  |
| 485-KE                | COUPON TYPE                              | M                     | Code indicating the type of coupon being used.   | x(2)         |  |



**NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls**

| <b>Field Number</b>                | <b>Field Name</b>                               | <b>Mandatory or Optional</b> | <b>Field Definition</b>   | <b>Field Format</b> | <b>Definition/Format</b> |
|------------------------------------|---|------------------------------|---|---------------------|--------------------------|
| 486-ME                             | COUPON NUMBER                                   | M                            | Unique serial number assigned to the prescription coupons.  | x(15)               |                          |
| 487-NE                             | COUPON VALUE AMOUNT                             | O                            | Value of the coupon.  | s9(6)v99            |                          |
| <b>Compound Segment</b>            |   |                              |   |                     |                          |
| 111-AM                             | SEGMENT IDENTIFICATION                          | M                            | Identifies the segment in the request and/or response.  | x(2)                | 10=Compound              |
| 450-EF                             | COMPOUND DOSAGE FORM DESCRIPTION CODE           | M                            | Dosage form of the complete compound mixture.   | x(2)                |                          |
| 451-EG                             | COMPOUND DISPENSING UNIT FORM INDICATOR         | M                            | NCPDP standard product billing codes.   | 9(1)                |                          |
| 452-EH                             | COMPOUND ROUTE OF ADMINISTRATION                | M                            | Code for the route of administration of the complete compound mixture.  | 9(2)                |                          |
| 447-EC                             | COMPOUND INGREDIENT COMPONENT COUNT             | M                            | Count of compound product IDs (both active and inactive) in the compound mixture submitted.   | 9(2)                |                          |
| 488-RE                             | COMPOUND PRODUCT ID QUALIFIER                   | M***R***                     | Code qualifying the type of product dispensed.  | x(2)                |                          |
| 489-TE                             | COMPOUND PRODUCT ID                             | M***R***                     | Product identification of an ingredient used in a compound.   | x(19)               |                          |
| 448-ED                             | COMPOUND INGREDIENT QUANTITY                    | M***R***                     | Amount expressed in metric decimal units of the product included in the compound mixture.   | 9(7)v999            |                          |
| 449-EE                             | COMPOUND INGREDIENT DRUG COST                   | O***R***                     | Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED). | s9(6)v99            |                          |
| 490-UE                             | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | O***R***                     | Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.   | x(2)                |                          |
| <b>Prior Authorization Segment</b> |   |                              |   |                     |                          |
| 111-AM                             | SEGMENT IDENTIFICATION                          | M                            | Identifies the segment in the request and/or response.  | x(2)                | 12=Prior Authorization   |
| 498-PA                             | REQUEST TYPE                                    | M                            | Code identifying type of prior authorization request.   | x(1)                |                          |
| 498-PB                             | REQUEST PERIOD DATE-BEGIN                       | M                            | Beginning date for a prior authorization request.   | 9(8)                |                          |
| 498-PC                             | REQUEST PERIOD DATE-END                         | M                            | Ending date for a prior authorization request.  | 9(8)                |                          |
| 498-PD                             | BASIS OF REQUEST                                | M                            | Code describing the reason for prior authorization request.   | x(2)                |                          |
| 498-PE                             | AUTHORIZED REPRESENTATIVE FIRST NAME            | O                            | First name of the patient's authorized representative.  | x(12)               |                          |
| 498-PF                             | AUTHORIZED REPRESENTATIVE LAST NAME             | O                            | Last name of the patient's authorized representative.   | x(15)               |                          |
| 498-PG                             | AUTHORIZED REPRESENTATIVE STREET ADDRESS        | O                            | Free-form text for address information.   | x(30)               |                          |
| 498-PH                             | AUTHORIZED REPRESENTATIVE CITY ADDRESS          | O                            | Free-form text for city name.   | x(20)               |                          |

# NCPDP 5.1 Requirements for HPs DV1.1 2004 02 12.xls

| Field Number            | Field Name                                       | Mandatory or Optional | Field Definition  | Field Format | Definition/Format                                  |
|-------------------------|--|-----------------------|---|--------------|--|
| 498-PJ                  | AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS | O                     | Standard State/Province code as defined by appropriate government agency.                   | x(2)         |  |
| 498-PK                  | AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE        | O                     | Code defining international postal zone excluding punctuation and blanks (zip code for US). | x(15)        |  |
| 498-PY                  | PRIOR AUTHORIZATION NUMBER--ASSIGNED             | O                     | Unique number identifying the prior authorization assigned by the processor.                | 9(11)        |  |
| 503-F3                  | AUTHORIZATION NUMBER                             | O                     | Number assigned by the processor to identify an authorized transaction.                     | x(20)        |  |
| 498-PP                  | PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION     | O                     | Free text message.  | x(1)-x(500)  |  |
| <b>Clinical Segment</b> |  |                       |   |              |  |
| 111-AM                  | SEGMENT IDENTIFICATION                           | M                     | Identifies the segment in the request and/or response.                                      | x(2)         | 13=Clinical  |
| 491-VE                  | DIAGNOSIS CODE COUNT                             | O                     | Count of diagnosis occurrences.   | 9(1)         | Diagnosis code count                               |
| 492-WE                  | DIAGNOSIS CODE QUALIFIER                         | O***R***              | Code qualifying the 'Diagnosis Code' (424-DO).  | x(2)         | Ø1=International Classification of Diseases (ICD9) |
| 424-DO                  | DIAGNOSIS CODE                                   | O***R***              | Code identifying the diagnosis of the patient.  | x(15)        | Required if known.<br>ICD-9 Diagnosis Code         |
| 493-XE                  | CLINICAL INFORMATION COUNTER                     | O***R***              | Counter number of clinical information measurement set/logical grouping.                    | 9(1)         |  |
| 494-ZE                  | MEASUREMENT DATE                                 | O***R***              | Date clinical information was collected or measured.  | 9(8)         |  |
| 495-H1                  | MEASUREMENT TIME                                 | O***R***              | Time clinical information was collected or measured.  | 9(4)         |  |
| 496-H2                  | MEASUREMENT DIMENSION                            | O***R***              | Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4).  | x(2)         |  |
| 497-H3                  | MEASUREMENT UNIT                                 | O***R***              | Code indicating the metric or English units used with the clinical information.             | x(2)         |  |
| 499-H4                  | MEASUREMENT VALUE                                | O***R***              | Actual value of clinical information.   | x(15)        |  |